

County of Los Angeles – Department of Mental Health  
Service Area 3

Quality Improvement Committee Meeting

November 19, 2014

9:30 am – 11:30 am

**AGENDA**

I Welcome and Introductions

Bertrand Levesque

II Review of the Minutes

Bertrand Levesque

III Family Foothill Services

Gassia Ekizian

**Quality Improvement**

I PRO Change of Provider Report

Bertrand Levesque

II Family Engagement Post Test

Bertrand Levesque

III Surveys

Greg Tchakmakjian

IV Office of Med. Director TAR

Elizabeth Owens

V Clinical Appointments Pol. 202.43

Bertrand Levesque

VI Cultural Competency

Elizabeth Owens

VII Patient Right

Elizabeth Owens

**Quality Assurance Liaison Meeting**

I IBHIS Procedure Codes Bulletin

Gassia Ekizian

II COS

Bertrand Levesque

II Certification

Gassia Ekizian

III Policy 104.08

Gassia Ekizian

V Org. Manuel Update/Revision

Bertrand Levesque

VII Countywide Children QIC

Elizabeth Owens

VIII Care Coordination between Providers

Gassia Ekizian

IX Contract Provider QA Process/Report

Bertrand Levesque

**Other Issues**

I Announcements

All

II Holiday Potluck

All

II Adjournment

Bertrand Levesque

**Next Meeting: December 17, 2014 at Enki, 3208 Rosemead Blvd  
2<sup>nd</sup> Floor, El Monte, Ca**

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU  
QUALITY IMPROVEMENT DIVISION**

<b>Type of Meeting</b>	<b>Service Area 3 QIC</b>	<b>Date</b>	<b>11/19/2014</b>	
<b>Place</b>	<b>ENKI - 3208 Rosemead Blvd., 2<sup>nd</sup> Floor, El Monte, CA 91731.</b>	<b>Start Time:</b>	<b>9:30am</b>	
<b>Chairperson</b> <b>Co-Chairs</b> <b>Members Present</b>	<b>Dr. Bertrand Levesque</b> <b>Elizabeth Owens &amp; Gassia Ekizian</b>	<b>End Time:</b>	<b>11:10am</b>	
	<i>Misty Aronoff</i>	<i>Alma</i>	<i>Vivian Chung</i>	<i><b>Prototypes I-CAN</b></i>
	<i>Judy Law</i>	<i>Alma</i>	<i>Dawn Dades</i>	<i><b>Social Model Recovery</b></i>
	<i>Sharon Scott</i>	<i>Arcadia MH</i>	<i>Anna Milholland</i>	<i><b>The Family Center</b></i>
	<i>Fernando Reyes</i>	<i>Bienvenidos</i>	<i>Stella Tam</i>	<i><b>Heritage Clinic</b></i>
	<i>Leslie Shrager</i>	<i>Children's Bureau</i>	<i>Laura Jiminez</i>	<i><b>Hillsides</b></i>
	<i>Nancy Uberto</i>	<i>D'Veal</i>	<i>Eka Childs</i>	<i><b>Homes for Life</b></i>
	<i>Raquel Hernandez</i>	<i>David &amp; Margaret</i>	<i>Maelissa Hall</i>	<i><b>Maryvale</b></i>
	<i>Bertrand Levesque</i>	<i>DMH</i>	<i>Rebecca deKeyser</i>	<i><b>San Gab. Children's</b></i>
	<i>Greg Tchakmakjian</i>	<i>DMH</i>	<i>Sally S. Michael</i>	<i><b>SPIRITT</b></i>
	<i>Elizabeth Townsend</i>	<i>DMH</i>	<i>Perla Pelayo</i>	<i><b>SPIRITT</b></i>
	<i>Shirley Robertson</i>	<i>DMH-Wrap</i>	<i>Elizabeth Owens</i>	<i><b>Tri-City MH</b></i>
	<i>Michael Olsen</i>	<i>Enki</i>	<i>Natalie Majors</i>	<i><b>Tri-City MH</b></i>
	<i>Windy Luna-Perez</i>	<i>Ettie Lee</i>	<i>Cindy Martinez</i>	<i><b>Tri-City MH</b></i>
	<i>Tiffani Tran</i>	<i>Five Acres</i>	<i>Tatiana VanBeeck</i>	<i><b>Tri-City MH</b></i>
	<i>Gassia Ekizian</i>	<i>Foothill</i>	<i>Joe Bologna</i>	<i><b>Trinity</b></i>
	<i>Debbie Jih</i>	<i>Hathaway</i>	<i>Rosemary Flores</i>	<i><b>Trinity</b></i>
	<i>Margaret Faye</i>	<i>Hathaway</i>		

Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
<b>Call to Order &amp; Introductions</b>	Dr. Levesque welcomed the group followed by introductions.		
<b>Review of Minutes</b>	Meeting minutes were reviewed.	Motion to accept by Anna Millholland; seconded by Sally Michaels.	
<b>QA/QI Process</b>	<p>Ms. Gassia Ekizian presented on the QA/QI process for Foothill Family Services.</p> <p>The core of the QA process at the agency is case review. The agency has a case review team, (QA representative &amp; clinical supervisors), that meets weekly to review cases. Previously, all cases were reviewed at intake and annual. However, now due to volume, the agency will now review 30% of each therapist's case load. For chart reviews, an eight page audit tool is used. The QA specialists review 100 % of cases at discharge. Audit tools are given to supervisors and are tracked by QA staff. Results from audit tools are used in each service provider's annual evaluation.</p> <p>Supervisors are very involved in the chart review process as the agency. All supervisors receive administrative supervision packets, and are required to hold one administrative supervision meeting with staff per month.</p> <p>Site directors and the QA director meet quarterly to discuss compliance. New information is disseminated to staff via monthly QA webinar.</p>	<p>Group asked questions and discussed specifically about psychiatrist &amp; clinician processes.</p> <p><u>Next Month's Presenter:</u> Children's Bureau.</p>	

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<b>PRO Change of Provider Request</b>	Dr. Levesque announced that Ted Wilson has sent the change of Provider Request report to the District Chief, and that a final report was sent to the State. The State now has a record of those agencies that are in compliance or not.	All agencies need to submit Change of Provider Reports each month whether or not there are changes.	10 <sup>th</sup> of each month
<b>Family Engagement Post Test</b>	Dr. Levesque reminded the members that the posttest following the <i>Family Engagement Presentation</i> was sent out via email.	Please complete survey and submit to the QI division.	
<b>Surveys</b>	Dr. Tchakmakjian provided a few reminders about the MSHIP surveys: <ol style="list-style-type: none"> <li>1. Surveys are DUE by the 26<sup>th</sup> of November.</li> <li>2. Complete with black or blue ink only.</li> <li>3. Return to 695 s. Vermont Ave. 5<sup>th</sup> floor. – Coordinate drop off time prior to arrival with Ella Grantson.</li> <li>4. Please email the copies of the tally sheets to Dr. Tchackmakjian</li> </ol>	Dr. Tchakmakjian will send Ella Grantsons' contact information out via email.	
<b>Office of Med. Director/TAR</b>	Ms. Owens discussed that effective 10/1/2014 there are new guidelines on TARS and antipsychotics for client's under 18. Ms. Owens also reviewed the process and the two forms that accompany this guideline.  Dr. Levesque discussed that the purpose of the form is to help expedite the filling of prescriptions for minor clients.	If you have questions or concerns, please send Dr. Levesque an email. DMH wants to help address any challenges agencies may face.	
<b>Clinical Appointments Pol. 202.43</b> (Levesque)	Dr. Levesque reviewed policy 202.43, and clarified appointment scheduling timelines. It was clarified that an appointment must be given: <ul style="list-style-type: none"> <li>• Within <u>5 business days</u>: for urgent Access referrals, referrals/requests after discharge from acute inpatient, or release from jail or juvenile justice facilities.</li> <li>• Within <u>15 business days</u>: for appointment request for all other clients.</li> </ul>	Please review policy 202.43 for more information (handout).	

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	NOA-E is needed if appointment requests cannot be fulfilled within required timelines.		
<b>Cultural Competency</b> <i>(Ms. Owens)</i>	Ms. Owens provided information on the cultural competency meetings that were held on 10/8/2014 & 11/12/2014: <ul style="list-style-type: none"> <li>• Innovations 1 project has been completed and they are now working on project 2.</li> <li>• The 4 workgroups are working toward providing training for advocates, families, and volunteers for the workgroups.</li> </ul>	The next cultural competency meeting is on 12/10/2014 at 550 building on 10 <sup>th</sup> floor.	
<b>Patient's Rights</b> <i>(Ms. Owens)</i>	Ms. Owens reported that there will be some updates to the <i>Patient's Rights</i> poster that is displayed in lobby areas. Once finalized, patient's rights will come to each service area to distribute.	Please keep current poster displayed until you receive the new poster to replace.	
<b>IBHIS Procedure Codes</b>	Ms. Ekizian reviewed and discussed Quality Assurance Bulletin 104.08: "IBHIS Addendum Guide to Service and Procedure Codes: <ul style="list-style-type: none"> <li>• The Guide to Procedure Codes will be phased out and information will be moved to the Org Manual or the IBHIS addendum.</li> <li>• Roll up codes – DHCS &amp; Duplicate Override Codes: DHCS will deny any claim the looks like a duplicate.</li> </ul>	Please Review the bulletin handout for more detailed information.	
<b>COS</b>	Dr. Levesque reviewed COS codes changes for IBHIS. Categories that have changes are: Service code for tel. & Program Area (New ones added). Categories that remain the same are Age, Ethnicity, Serviced Recipient, & Service type.	Please see handout for more details	
<b>Targeted Case Management Objectives</b>	Dr. Levesque clarified the requirements for TCM objectives and reiterated that TCM objectives must be targeted towards a need.	For further review please reference the Organizational Provider Manual.	

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<b>Certification</b>	<p>Ms. Townsend discussed provider name in NPES (National Plan and Provider Enumeration System) and ITWS (State Information Technology Web Services). It is important that agency names in both systems match.</p> <p>Certification will not accept paperwork, if agency names are not documented properly.</p>	<p>Names can be altered in either system, but the proper protocols must be followed.</p> <p>Please see handout: Certification Bulletin 14-02</p>	
<b>Policy 104.08</b>	<p>Ms. Ekizian review Policy 104.08. Ms. Ekizian highlighted bullet points 4.8 and 4.9, which offer a list of forms which must be, and must not be included in Clinical Records.</p>	<p>Agencies should refer to this policy to ensure compliance.</p>	
<b>Org. Manual Update/Revision</b>	<p>Dr. Levesque reported that there has been a revision to the Chapter Four of the Organizational Providers Manual. Dr. Levesque provided an overview of the changes.</p>	<p>Please be looking out for the revision and an associated bulletin on this very soon.</p>	
<b>County wide Children QIC</b>	<p>The next County Wide Children's QIC meeting is 11/20/2014 at 10:00am.</p>	<p>Location: DMH - 600 S. Commonwealth 2nd Floor.</p>	
<b>Care Coordination Between Providers</b>	<p>Ms. Ekizian reported that the Care Coordination Between Providers form has been revised (MH 707 – Revised 10/28/14).</p> <p>Instructions on how to complete are on the back of the form. This form is optional to use, some agencies have their own formats for requesting and providing information.</p>	<p>If non-clinical documentation is being requested, then any staff can sign the form. If clinical documentation is being requested then an AMHD must sign the form.</p>	
<b>District Chief</b>	<p>Dr. Levesque provided information that clients referred to the Tri City area (Pomona, Claremont, LaVerne), should be treated by Tri City Mental Health. <u>The programs that are exempt from this are:</u> Wrap Around, Cal Works, Family Preservation, MAT, ACT, and TBS.</p>	<p>If you have questions please contact your district chief.</p>	
<b>Contract Provider QA Process Report</b>	<p>Dr. Levesque reviewed that Agency QA Processes will need to be submitted to the QA division by January.</p>	<p>Dr. Levesque will send out a checklist of requirements. Submit after checklist is sent.</p>	

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<b>Handouts</b>	1. Agenda 2. P&P: 104.08 3. P&P: 202.43 4. Form: Care Coord Between Providers 5. Form: TAR Information Request (2) 6. Bulletin: Certification-14-02 7. Bulletin: Quality Assurance – 14-04 8. Excerpt: COS in IBHIS		
<b>Audits</b>	Ettie Lee had an auditor controller audit for FYs 12-13 and 13-14. A total of 16 charts were pulled.		
<b>Announcements</b>	If you would like to be on the agenda for the SA3 meeting please contact Dr. Bertrand Levesque to make a request.  Next Month's Meeting – Holiday Potluck!		
<b>Next Meeting</b>	Next Meeting is December 17, 2014 (9:30 a.m. – 11:30 a.m.) at ENKI, 3208 Rosemead Blvd., 2 <sup>nd</sup> Floor, El Monte, CA 91731.		

Respectfully Submitted, Natalie Majors-Stewart, Tri-City Mental Health